UTILITY
PATENT APPLICATION
TRANSMITTAL
Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	02910.000104
First Nam	ned Inventor or Application Identifier
WAKASHI IIDA ET AL.	
Express Mail Label No.	

	APPLICATION ELEMENTS oter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
1. Fee Transmi (Submit an ori	ittal Form ginal, and a duplicate for fee p	processing)		7.	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
2. Applicant cla See 37 CFR	claims small entity status. R 1.27.			8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			Submission	
3. X Specification	n Total Pa	ages 70				Computer Readab	•	S. PTC 463	
4. Drawing(s) (35 USC 113) Total Si	heets			·	ation Sequence Li CD-ROM or CD-R	_	, U.S. 27.7	
5. Oath or Dec	laration Total Pa	ages			ii	paper		10	
a. Ne	ewly executed (original or	сору)		<u> </u>		Statements verifying			
	opy from a prior application or continuation/divisional wit			9.		Papers (cover shee			
i.[i. DELETION OF INVENTOR(S)			10.	37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney				
Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			11.	English Tra	anslation Documer	nt <i>(if applicabl</i>	e)		
6. X Application Data Sheet. See 37 CFR 1.76			12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
č				13.	Preliminary	Amendment			
				14. X		ceipt Postcard (MP specifically itemiz			
				15.		opy of Priority Doc priority is claimed)	ument(s)		
				16.	Other:				
17 If a CONTINUING	APPLICATION, check ap	nongiate hov and s	unnly i	he requisite	information:				
Continuation					of prior app	olication No/_			
Prior application informat	tion: Examiner				Group/Art U			_	
considered a part of the o	t DIVISIONAL APPS only: T disclosure of the accompany ortion has been inadvertently	ing continuation or div	visional	application a	nd is hereby i				
	·	18. CORRE		DENCE ADDI	RESS				
X Customer Numb	O5514 Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspond				spondence add	ress below			
NAME									
Address							· · · · · · · · · · · · · · · · · · ·		
City	<u> </u>	State	I			Zip Code	 		
Country		Telephone				Fax			

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$.00	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 86.00 =	\$.00	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$290.00 =					
				BASIC FEE (37 CFR 1.16(a))	\$ 770.00	
	<u> </u>		Total of	above Calculations =	\$	
	Reduction by	50% for filing by small er	tity (Note 37 CFR 1.9, 1	.27, 1.28).		
				TOTAL =	\$ 770.00	
l9. Sn a.	nall entity status A small er	ntity statement is enclose	d			
a. b. c. 20.	A small er A small er and desire Is no long X A check in the amount A check in the amount Commissioner is hereby Commissioner is hereby A check in the amount A check in the amount B Commissioner is hereby Commissioner is hereby Commissioner is hereby Commissioner is hereby	ntity statement was filed in er claimed. ount of \$_770.00 ount of \$ to co	n the prior nonprovisionate to cover the filing fee is over the recordal fee is	enclosed. enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	PETER SAXON (24947)			
SIGNATURE	Robertain			
DATE	November 26, 2003			

Form #125

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